

CONTRACTOR PROFILE FORM *(Illustration 5.1)*

Project Name: _____

Contractor/Business Name: _____

Business Address: _____

Telephone: (____) ____ - ____

Federal Tax ID #: _____ State Tax ID #: _____

Our contract is with _____ in the amount of \$ _____

for _____
(identify specific work to be performed)

Will any work be subcontracted out? Yes _____ No _____

If yes, to whom? _____

Person(s) authorized to sign (certify) Payroll reports: 1) _____

2) _____

The fringe benefit payment will be (check A, B or C below):

(A) _____ paid directly (with the pay check) to each worker in the amount of \$ _____

(B) _____ paid to plan(s)

Complete chart below or attach schedule of fringe benefits.

Benefit	Amount
Vacation and Holiday	
Dental Benefits	
Health Benefits	
Pension	
Annuity	
Other (Identify)	

Owner/Principal Officer Name (Please Print)

Signature

Date

